

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012294

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 294

Primary Registration District No. 6086

Registrar's No. 71

FILED MAR 23 1962

1. PLACE OF DEATH

a. COUNTY

Randolph

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Union Township

Length of stay in lb

Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Residence

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Randolph

Inside Limits

Yes ☐ No ☒

c. CITY

Moberly

d. STREET

RFD 3

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

ENICK

Middle

Last

MUEHE

4. DATE

Month

Day

Year

MARCH

13

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-10-1881

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Farmer

11. BIRTHPLACE (City and state or country)

Moberly, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Philip Muehe

13b. MOTHER'S MAIDEN NAME

Gertrude Epping

14. NAME OF HUSBAND OR WIFE

Josephine Muehe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Enick Muehe RFD 3 Moberly

Address

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

Cerebral Vascular Thrombosis
with Lt hemiplegiaINTERVAL BETWEEN
ONSET AND DEATH

1 hour 2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at1959 to 3/8/62 and last saw her alive on 3/8/62
0400 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mahan Funeral Service

Moberly

3-15-62

Heather Lowe

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
0880
0880
3
4 0
5 1
6
7 0
8 0
9332X
10
11
12 90-0
13 1-0

MAR 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Green

Licensed Embalmer No. 3815

P. O. Address Mobile, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.